(d) Government of India has launched a comprehensive national AIDS Control Programme with the following key components.

- Reducing the spread of HIV in groups at high risk by identification of target populations and providing Peer counselling, condom promotion, treatment of sexually transmitted infelctions, blood safety and harm reduction programmes.
- Putting in place a blitz kreig of behaviour change communication theory for the general population by Information, Education and Communication (IEC) and providing voluntary testing and counselling services, safe blood transfusion services and prevention of occupational exposure.
- Providing care and support for opportunistic infections, to people living with HIV/AIDS as well as community based/home based care.
- Strengthening the technical, managerial, financial sustainability of all interventions at the State, district and municipal levels.
- Promoting public and private collaboration.

Improvement in the working of Government hospitals

2548. SHRI SURESH KALMADI:
SHRI RAMACHANDRAKHUNTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned, "In Delhi's Government hospitals have a baby, get abuses for free," which appeared in the Hindustan Times, dated the 3rd November, 2002;

(b) if so, the details of the steps being proposed to be taken to improve the present situation in Government Hospitals in Delhi; and

(c) the proposals to improve the behaviour of the staff in these hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

(b) and (c) A team has been constituted to make *incognito* visit to the obstetrics/Gynae Emergency and labour rooms of Safdarjung Hospital and Sucheta Kriplani Hospital to ascertain the facts and submit a report. The Medical Superintendent and the concerned Head of the Department of Obstetrics/Gynae Department have been advised to sensitize the resident doctors, staff nurses and *ayahs* on their behavioural pattern. They have also been advised to rotate the staff working in stressful areas at regular interval.

Legislation to control sale of spurious drugs

2549. SHRI SUDARSHAN AKARAPU:

SHRI KRIPAL PARMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to bring a new legislation to control unabated sale of spurious drugs all over the country;

(b) the kind of punishment proposed to be awarded to merchants in this new legislation; and

(c) by when it is likely to be introduced in the Parliament?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA): (a) and (b) Under the provisions of Drugs & Cosmetics Act and Rules thereunder, Section 27 of the said Act prescribes penalty for manufacture, sale etc. of drugs. Any drug deemed to be adulterated under Section 17A or spurious under Section 17B or which when used by any person or in the diagnosis treatment, mitigation or prevention of any disease or disorder is likely to cause his death or is likely to cause such harm on his body as would amount to grievous hurt within the meaning of Section 320 of IPC solely on account of such drug being adulterated as spurious or not of standard quality, as the case may be, shall be punishable with the imprisonment for a term which shall not be less than 5 years but which may extend to a term of life and with fine which shall not be less than Rs. 10,000. Since adequate punitive penal provisions are laid in the said Act to tackle the problem of manufacture and sale of spurious drugs, Government does not propose to bring any new legislation in this regard.

(c) In view of above, question does not arise.